

# CITY OF HARRISONBURG

Department of Community Development  
Building Inspection Division

409 South Main Street, P. O. Box 20031

Harrisonburg, Virginia 22801-7531

Telephone No. 540-432-7700 Fax No. 540-432-7777

## FIRE SUPPRESSION SYSTEM PERMIT

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Contracted By: \_\_\_\_\_ Performed By: \_\_\_\_\_ Supervised By: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

### TYPE OF WORK BEING DONE

New: \_\_\_\_\_ Replace: \_\_\_\_\_

Alteration: \_\_\_\_\_ Addition: \_\_\_\_\_

Backflow Preventers: \_\_\_\_\_

Fire Sprinkler Heads: \_\_\_\_\_

Parcel Address: \_\_\_\_\_

Tax Parcel ID - Sheet: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

Building Division Signature: \_\_\_\_\_

Permit No.: \_\_\_\_\_

State Registration No.: \_\_\_\_\_

City Business License No.: \_\_\_\_\_

Tracking No.: \_\_\_\_\_

VCC: \_\_\_\_\_ VRC: \_\_\_\_\_ VREHABC: \_\_\_\_\_ EDITION: \_\_\_\_\_

Present Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

### BRIEF DESCRIPTION AND REMARKS:

Estimated Total Value of Construction Including  
Value of Materials and Labor:

\$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

State Levy: \$ \_\_\_\_\_ (2% of fee)

Total Fee: \$ \_\_\_\_\_

I hereby certify that this proposed work will be done with the Owner's consent and I acknowledge that I have read this application and the statements hereon and agree that the work will be done as stated.

Owner/Lessee: \_\_\_\_\_

Date: \_\_\_\_\_

Agent: \_\_\_\_\_